

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
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8						
9						
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11						
12						
13						
14						
15						
16						
17			1			
18			.			
19			.			
20			.			
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41						
42						
43						
44						
45						
46			1			
47			.			
48			.			
49			.			
50						
Total Indep						
Total Depend						
Total Claims						

*	*	*
Indep	Depend	Indep
51		-
52		-
53		-
54		-
55		-
56		-
57		-
58		-
59		-
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95		
96		
97		
98		
99		
100		
Total Indep		3
Total Depend		18
Total Claims		21